

Gerard F. Cody, R.E.H.S./R.S.  
Public Health Director

Ann Martin, R.N./M.S.N.  
Public Health Nurse

Carol Cronin  
Principal Clerk

Peggy Montlouis, MBA  
Community Health Educator



**Town of Randolph**  
**Public Health Department**  
41 South Main Street • Randolph, MA 02368  
Main Telephone: 781-961-0924  
[www.townofrandolph.com](http://www.townofrandolph.com)

**Board of Health**

Dr. David Kaplan, M.P.H./Ph.D./C.H.O./R.S. *Chair*

Barbara Mahoney, R.N./M.H.A

Dov Yoffe, R.N./A.S.D

Patricia M. Cedeño-Zamor, Ph.D/M.S.W/M.H.A

**BODY ART ESTABLISHMENT PERMIT APPLICATION**

<b>Name of Establishment:</b>	
Establishment Address:	Zip Code:
Telephone Number:	

<b>Owner of Establishment:</b>	
Date of Birth:	
Residence Address:	Telephone Number:
Name of Operator/Body Artist:	

<b>Name of FDA approved sterilization/autoclave unit:</b>		
Manufacturer:		
Address:	Telephone:	
Serial Number:	Model:	Model Year:

**Practitioners** (Certificates for First Aid and CPR, and bloodborne pathogen training date(s) for all body artists required)

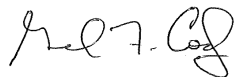
Name: _____
Name: _____
Name: _____

I, \_\_\_\_\_, have received, read and acknowledge the requirements per the Randolph Board of Health Regulation, Article XIV. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: 155-128. An Establishment permit shall be valid from the date of issuance and for no longer than one year unless revoked sooner by the Board of Health.*

If you have any questions concerning this matter or if you need a translator for any of this material, you may contact this office at (781) 961-0924 or [gcody@randolph-ma.gov](mailto:gcody@randolph-ma.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Gerard F. Cody". The signature is fluid and cursive, with the first name "Gerard" being more prominent than the last name "Cody".

Gerard F. Cody R.E.H.S. / R.S.  
Public Health Director

cc: File